

SOKOINE UNIVERSITY OF AGRICULTURE



MSc Dissertation

NUTRITION GOVERNANCE AND ACCOUNTABILITY IN IMPLEMENTING NUTRITION SERVICES IN MOROGORO URBAN AND RURAL DISTRICT COUNCILS, TANZANIA

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NUTRITION GOVERNANCE AND ACCOUNTABILITY IN IMPLEMENTING NUTRITION SERVICES IN MOROGORO URBAN AND RURAL DISTRICT COUNCILS, TANZANIA

The dissertation is submitted in partial fulfilment of the requirements for the Master Degree in Human Nutrition of Sokoine University of Agriculture, Morogoro.

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EXTENDED ABSTRACT

Background: Nutrition governance and accountability have gained importance in Tanzania and the rest of Africa as a result of strong initiatives to end all forms of malnutrition by 2030. This study aimed at assessing nutrition governance and accountability in the implementation of nutrition services.

Methodology: The assessment was based on nutrition budget planning and spending, coordination of nutrition through the meetings of Council Multisectoral Steering Committee on Nutrition (CMSCN) and Development Committee at Ward and Village/Mtaa levels. The assessment also looked at the way in which nutrition data and information were collected, accessed and used in informing policy implementation. The study was conducted in Morogoro Municipal Council (urban) and Morogoro District Council (rural) within Morogoro region in Tanzania. A total of 140 respondents were reached, who were the members CMSCN and development committee at ward and village/ mtaa. Data were collected through face-to-face interviews using semi-structured questionnaires. Other method of getting data included observation and documents review. Data analysis involved mainly qualitative approach such as the content analysis. Information sought from the respondents included their opinions and understanding of nutrition in budgeting, information sharing for accountability and planning.

Results: It has been found out that adherence to nutrition budgeting guideline of allocating 1000 Tanzania shillings per every child below the age of five years was low in Morogoro District Council (rural) in comparison to Morogoro Municipal Council (urban). Possible reasons could be the relatively lower revenue collection as well as lack of accountability, commitment and knowledge of consequences of poor nutrition. Moreover, coordination of nutrition based on the terms of reference that were set by the President's Office-Regional Administration and Local Government (PO-RALG) in 2018 was not adhered fully at all levels, but the situation was worse at sub-ward level (Village and Mtaa). The collection and use of nutrition information was faced with failure in capturing data of some crucial nutrition indicators. Also, the recorded data in some cases was not reflecting the actual situation, while the available data was not accessed easily and therefore not been able to utilize the nutrition information effectively to inform policy making and decision making.

Conclusion: Nutrition governance and accountability through nutrition budgeting, coordination and use of nutrition information for informing policy implementation at council and sub-council levels are still facing a number of challenges related with low nutrition budget spending especially at the Morogoro District Council, probably caused by low prioritization of nutrition and low understanding of nutrition issues. Coordination of nutrition at council and sub-council levels need to be strengthened for abidance to the guidelines provided by PO-RALG. Similarly, collection and management of nutrition data and information at the council and sub-council levels need to be strengthened to be well informing to the policy makers and for development planning. For improvement of nutrition governance and accountability, the central government, Tanzania Food and Nutrition Centre (TFNC), local government authority and other nutrition stakeholders have to increase the investment in nutrition.

MUHTASARI WA UTAFITI

Utangulizi: Utawala na uwajibikaji katika masuala ya lishe umekuwa muhimu nchini Tanzania na Afrika kwa ujumla, hii imetokana na mikakati mizuri ya nguvu ambayo imewekwa ili kupunguza matatizo ya lishe ya aina azote ifikapo mwaka 2030. Utafiti huu ulilenga katika kuangalia jinsi utawala na uwajibikaji wa lishe unahusika katika utekelezaji wa afua za lishe katika ngazi ya halmashauri, kata na Kijiji au Mtaa.

Mbinu: Utafiti huu ulijikita katika kuangalia upangaji wa bajeti ya lishe na utumikaji wake, uratibu wa lishe kupitia vikao vya kamati ya lishe ya halmashauri, katika kata na Kijiji au mtaa zilitumika kamati za maendeleo ambapo kilichokuwa kikiangaliwa na kuweka agenda ya lishe iwe mojawapo ya ajenda za vikao vyao. Utafiti pia uliangalia katika taarifa za lishe jinsi zinavyokusanywa katika ngazi zote, jinsi zinavyochakatwa, jinsi zinavyoweza fikiwa na idara mtambuka na wadau mbalimbali wa lishe na kutumika katika kufanya mipango na kutoa taarifa kwa watunga sheria ili kuwasaidia katika utendaji wa afua za lishe. Utafiti ulifanyika katika halmashauri ya manispa ya Morogoro mjini na Morogoro vijijini katika mkoa wa Morogoro. Jumla ya wahojiwa 140 walifikwa katika utafiti huu. Taarifa zilikusanywa kwa mahojiano ya ana kwa ana kwa kutumia dodoso ambalo lilikuwa na maswali ambayo yanatoa fursa ya muhojiwa kujibu moja kwa moja na kujieleza zaidi ili kupata maoni yake kwa undani zaidi. Mbinu nyingine iliyotumika nikwakupitia muhtasari ya kila robo ya kamati za lishe za wilaya na kamati za maendeleo za kata na Kijiji au mtaa ili kuweza kuangalia jinsi ajenda za lishe zilivyofuatwa katika ngazi ya halmashauri na jinsi ajenda ya lishe ilivyoingizwa katika vikao kama ilivyoelekezwa katika hadidu ya rejea iliyotolewa Tawala za Mikoa na Serikali za Mitaa (TAMISEMI), taarifa za miaka mitatu mfululizo za bajeti ya lishe ziliangaliwa kutoka katika kadi alama ya lishe na mwisho ni kuhusu taarifa za lishe. Uchambuzi wa taarifa za utafiti ulihusisha uchambuzi wa maudhui kutoka kwa wahojiwa kuhusisha mawazo na uelewa wa utawala na uwajibikaji wa masuala ya lishe kupitia vipengele vya utafiti. Pia programu ya excel ilitumika.

Matokeo: Matokeo ya utafiti uliofanyika ulibaini kuwa katika uzingatiaji wa kutenga bajeti ya shilingi 1000/= ya Tanzania kwa kila mtoto aliopo chini ya miaka mitano, kama ilivyoelekezwa na serikali za mitaa na tawala za mikoa bado upo chini hususani katika halmashauri ya Morogoro vijijini ukilinganisha na Morogoro manispa, Sababu ambazo zilipelekea matokeo hayo kutokana na tafti ni makusanyo madogo ya mapato katika halmashauri, kutokuwepo kwa uwajibikaji na uelewa mdogo kuhusiana na masuala ya lishe. Aidha, uratibu wa lishe kwa kuzingatia hadidu za rejea ya TAMISEMI ya mwaka 2018, haukuzingatiwa kikamilifu katika ngazi zote, lakini hali ilikuwa mbaya zaidi katika ngazi za Kijiji/mtaa zikifuatiwa na kata. Ukusanyaji, uchakataji na utumiaji wa taarifa za lishe

ulikabiliwa na kutokupatikana kwa taarifa muhimu za viashiria vya lishe kama za udumavu, takwimu zilizochukuliwa kutokuuwiana au kuakisi hali halisi na vile vile kutokuweza kufikiwa kwa urahisi kitu kinachopelekea wadau mbalimbali kutokuwa na taarifa kamili ili kuweza kufanya mipango mbalimbali katika afua za lishe.

Hitimisho: Matokeo ya utafiti huu yameonyesha utawala wa lishe uwajibikaji kupitia bajeti yalishe, uratibu, ukusanyaji na matumizi ya taarifa zalishe kwa ajili ya kuhabarisha utekelezaji wa afua za lishe katika halmashuri kukabiliwa na changamoto nyingi. Miongoni mwa changamoto hizo nikutokuwa na bajeti ya lishe ya kutosha katika kutekeleza afua za lishe, katika ngazi ya halmashuri hadi mtaa hadidu ya rejea ya TAMISEMI haikuzingatiwa kwa ukamilifu husasni katika ngazi ya kata na mtaa/Kijiji hali ilikuwa mbaya zaidi. Kwa ujumla wake suala la taarifa katika ,ukusanyaji, upatikanaji na matumizi ya taarifa pia kumekuwepo na changamoto.

Kutokana na matokeo ya utafiti huu yatasaidia kuwa kama kiangalizi kwa tafti nyingine zitakazo fanyika Morogoro mjini na vijijini au katika halmashauri za Tanzania, matokeo pia yatasaidia mamlaka husika kama TAMISEMI, Taasisi ya chakula na lishe na wadau wa lishe kuweza kujua umuhimu wa uwepo wa mtaalamu wa lishe katika jamii, utoaji wa ruzuku wa bajeti ya lishe , kuwajengea uwezo na kutoa hadidu za rejea kwa wajumbe wa kamati za maendeleo ya kata ,mtaa na Kijiji, na kuzingatia malipo kwa wahudumu wa Afya wa jamii. Mambo hayo yaliyoonekana kuwa vikwazo katika utawala na uwajibikaji wa lishe kwa ujumla yakitiliwa mkazo na wahusika tajwa basi huduma za lishe zitaimarika kwa kiasi flani katika maeneo yote hususani ngazi ya jamii ambapo ndo watu wenye matatizo ya kilishe wanaishi.

DECLARATION

I, **Ester C.Kawishe**, do hereby declare to the Senate of Sokoine University of Agriculture that this dissertation is my own original work done within the period of registration and that it has neither been submitted nor being concurrently submitted to any other institution for a degree award.

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LIST OF MANUSCRIPTS

- i. Kawishe, E., Bundala, N. & Msuya, J. (2023). Nutrition Governance at sub-national level in Tanzania, a case of Morogoro municipal and Morogoro District Councils. *Tanzania Journal of Health Research*,24(1),1-8. <https://doi.org/10.4314/thrb.v24i1>
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I am highly indebted to my family my late father and my mother for all the accomplishment in my life. Also, to my Husband Mr Verus Valentine Bitaliho and my children ,siblings and friends for their unconditional love, care and warmth that has gotten me through difficult time and I could not have accomplished my goals and fulfilled them without their endless love and support along the way and probably this dissertation would have never been written.

DEDICATION

To my beloved parents, Late Clement Elias Kawishe and Valeria Desideri for their upbringing and to my husband Verus Valentine Bitaliho, children and siblings support throughout the study time and their unconditional love, care and total commitment in my entire life.

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LIST OF ABBREVIATIONS

CMSCN	Council Multisectoral Steering Committee on Nutrition
DNuO	District Nutrition Officer
HCP	Health Care Provider
HCW	Health Care Worker
iMES	Integrated Monitoring and Evaluation System
JMNR	Joint Multisectoral Nutrition Review
MDC	Mtaa Development Committee
MEO	Mtaa Executive Officer
MNS	Multisectoral Nutrition Score Card
NIS	Nutrition Information System
NMNAP	National Multisectoral Nutrition Action Plan
NSC	Nutrition Score Card
PO-RALG	President's Office -Regional Administration and Local Government
RNuO	Region Nutrition Officer
SUN	Scaling Up Nutrition
TDHS	Tanzania Demographic Health Survey
TFNC	Tanzania Food and Nutrition Centre
TNNS	Tanzania National Nutrition Survey
TOR	Terms Of Reference
TZS	Tanzanian Shillings
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
USD	United State Dollar
VDC	Village Development Committee
VEO	Village Executive Officer
WDC	Ward Development Committee
WEO	Ward Executive Officer
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information

Poor nutrition reduces labour productivity, increases the burden of diseases, and hinders national economic progress (Bump, 2018). In Tanzania, the fight against malnutrition has been in place since the 1960's when the late first president Julius Nyerere declared three enemies of economic progress to be poverty, diseases and ignorance (URT, 2016). Despite progress made in key indicators of nutrition such as stunting, still the overall levels are high (MoHCDGE *et al.*, 2018). The country has also been faced with the problem of increasing obesity and overweight in recent years (Headey *et al.*, 2019).

In trying to seek ways to combat malnutrition, Nutrition Governance has emerged as an important concept worldwide following some global nutrition initiatives such as Scale Up Nutrition (SUN) and Sustainable Development Goals (Sunguya *et al.*, 2014). In recent years, Tanzania and other African countries, have expressed significant public commitment and political will in the implementation of nutrition interventions (Dolf *et al.*, 2020), whereby good nutrition governance is considered to be one of the components of enabling environment (URT, 2016). Various efforts have been undertaken in Tanzania to strengthen nutrition governance. Such efforts include employment of Nutrition Officers at National, Regional, and District levels, adopting nutrition multisectoral coordination approach, putting a budget line for nutrition across all the sectors to enable greater spending transparency, and establishing nutritional platforms such as annually Joint Multisectoral Nutritional Review (JMNR) meetings (URT, 2016). Others include establishing Steering Committees for Nutrition at Regional and District Councils and formulation of National Multisectoral Nutrition Action Plan. Moreover, the government of Tanzania introduced Multisectoral Nutrition Scorecard (MNS) in 2015 to make the government officials more accountable in implementation of nutrition services. This was spearheaded by the Tanzania Food and Nutrition Centre (TFNC) with support of United Nations Children's fund (UNICEF). The score card gives data updates on both nutrition specific and nutrition sensitive interventions, hence strengthening accountability by measuring efforts towards nutrition outcomes at district level. Later on, there has been a development of Nutrition Compact Agreement in late 2018, which was initiated by then Vice-President (and now the President) of the United Republic of Tanzania, Her Excellence Samia Suluhu Hassan. The agreement was signed with all 25 Regional Commissioners of Tanzania to introduce a new approach to oversee the implementation of nutrition interventions at the sub-national levels. The resulting Nutrition Compact Score Card is used to measure the performance of the regions and districts on a set of nutrition-specific indicators and disbursement signed in the contract. In the first review meeting of Nutrition Compact Indicators, in 2018, Morogoro region was found to be the second last in

performance of the indicators. This has prompted a need to undertake an investigative study to assess the ways in which nutrition governance and accountability are conducted in the region.

Furthermore, a recent study conducted in Tanzania reported that very little has been documented on the performance of nutrition governance and accountability at lower levels of the government structure (Ramadhan, 2020). Considering all this background, it is therefore important to make attempts to evaluate all the recent efforts that have been put in place to strengthen nutrition accountability, including the governance structures. The current study attempted to undertake a case of Morogoro Urban and Rural District Councils to assess the ways in which nutrition governance and accountability are performing in implementing nutrition services in the two councils.

1.2 Nutrition Situation in Tanzania

Although Tanzania has continued to make strides in terms of malnutrition trends, the severity of the problem is still scaring (URT, 2021). According to MoHCDGEC *et al.* (2018) and TDHS-MIS 2015/2016, the nation is dealing with a triple burden of malnutrition, which includes high rates of undernutrition in children and women as well as high rates of micronutrient deficiencies in both groups. Stunting affects 31.8% of children under the age of five. From 28% in 2015 to 31.7% in 2018, more women of reproductive age are overweight or obese. Rural areas had higher numbers of undernourished people than urban areas did (MoHCDGEC *et al.*, 2018; TDHS-MIS 2015/2016), indicating differences in the prevalence of under nutrition between rural and urban areas.

1.3 Nutrition Governance

A phenomenon known as nutrition governance was derived from the governance notion. According to Heaver (2000), governance is defined as the formulation and execution of economic policies, the provision of services, and the responsible management of public resources and regulatory authority. Nevertheless, according to Friel *et al.* (2017) definition of nutrition governance is a network of actors who's major specified role is to enhance nutrition outcomes through processes and mechanisms for conveying, agenda-setting, decision-making, implementation, and accountability. Actors for nutrition have been defined by the same author that together generate a platform that influence or coordinate nutrition action. Examples of nutrition actors include the government itself, non-governmental organizations, private organizations, international organizations, individuals serving as nutrition advisors, and any other organ that may have influence on nutrition. As it has been observed in African nations like Senegal, where investments in nutrition governance through horizontal (multisectoral) coordination led to improvements in the health and nutrition of their

population, nutrition governance has been entailed to have significance in the reduction of all forms of malnutrition (Gillespie *et al.*, 2013). A crucial element that ought to be driving the governance of nutrition is the nutrition policy, but it is still unable to do so (Sunguya *et al.*, 2014). The goal of nutrition governance is to coordinate a sustainable action plan to carry out the objective of an established policy, not simply have a policy in place. The action plan demonstrates the willingness and ability to carry out the nation's nutrition policy. Tanzania as any other African country, has adopted nutrition governance. To date, it has launched two National Multisectoral Nutrition Action Plans which are used in the implementation of nutrition interventions, whereby nutrition governance is included under enabling environment interventions Food and Agriculture Organisation (FAO) (2022).

1.4 Nutrition Accountability

Accountability is a crucial component of nutrition governance, which is defined as ensuring that decisions made by public officials and other decision-makers are carried out, achieve their stated goals, and benefit the people they are intended to serve (Haddad *et al.*, 2015). Accountability is connected to the duties and responsibilities for activities at all levels and the efficiency of channelling down the intended benefits to the communities where nutritionally vulnerable persons dwell (Gillespie *et al.*, 2019). The ability of the action of commitment, responsiveness, data utilization, and having clear expectations are necessary for nutrition responsibility Scaling Up Nutrition (SUN) (2018). Accountability for nutrition is required at all levels, with stakeholders responsible for carrying out nutrition obligations (Ayele *et al.*, 2020). Effective accountability is essential for achieving nutrition goals (Hossain *et al.*, 2019). The government institutions in the developing world can be judged on their compliance with national laws, their resource allocation and budgeting practices, as well as their responsiveness to nutrition-related concerns (Shah, 2005). In Tanzania, it includes abidance to the terms of reference created by PO-RALG, including commitment to allocating 1000 Tanzania shillings for every child of below the age of five years Prime Minister Office (PMO) (2019). One of the important tools for nutrition accountability is therefore the Nutrition Score Card (URT, 2018). It know as compact agreement score card with the indicator as shown in Appendix 8.

1.5 Nutrition Budgeting in Tanzania

The expenditure budget is split into two main parts as recurrent expenditure and development. The costs of nutrition development programs and projects are found in both recurrent and development expenditures Ministry of Finance and Planning (MoFP) and United Nation Children's Fund (UNICEF) (2018). Computer tools like PPlanRep assist in planning and budgetary process at both the central and local government levels to ensure accountability and national priorities achievement.

Accordingly, guidelines for preparing plans and budgets for nutrition in Tanzania were formulated in 2012. Despite of existence of the guidelines, still there are delays and insufficient disbursement of funds for nutrition budget according to United Nation Children's Fund (UNICEF) (2018). Most of nutrition budget (55.8%) came from stakeholders in financial years from 2019 to 2021 as opposed to the local and central government. However, enforcement efforts of making sure that each child under the age of five years is allocated 1000 Tanzanian shillings from the council's budget are emphasized (PMO,2019).

1.6 Coordination of Nutrition in Tanzania

Malnutrition has so many underlying causes that its treatment requires multisectoral collaboration at several levels (URT, 2016). Intersectoral coordination of nutrition has been shown to be important for lowering all forms of malnutrition (Ayele *et al.*, 2020). Tanzania is among the African nations with a multisectoral nutrition coordination system that has been established at all levels, from the national to the community (PMO, 2019). The nutrition coordinating structure at nation level is under the Prime Minister's Office. The structure cascaded to Region, District and community which comprise of Wards and Villages/mtaa levels as seen in Figure 1.1. The essence it to allow for commitment and nutrition accountability (Bhagawati *et al.*, 2021). Additionally, there are nutrition thematic technical groups, Joint Multisectoral Nutrition Review and Compact Review meetings. All these platforms are used to discuss issues of nutrition whereby different individuals from diversity of sectors are involved.

1.7 Nutrition Information System in Tanzania

Nutrition information system is essential as it tracks implementation progress, monitors changes, and aids in prioritizing response (SUN, 2018). Tanzania is among African countries which have established Multisectoral Nutrition Information Platform (MNIP) to enhance the standard and quality of nutrition (UNICEF, 2020). Regular nutrition data are used to measure operational progress and identify major bottlenecks impeding the efficient delivery of treatments and survey nutrition data are best used for policy and strategy development (URT, 2016). However, Tanzania's system for reporting nutrition-related data is a two-way process that goes from the national level to the community level and from community level to nation level. Nutrition information can be accessed from Integrated Monitoring and Evaluation System (iMES), which is linked to District Health Information System Two (DHIS2) and PlanRep system (PMO, 2019). The iMES is a system that has been used in nutrition since 2019, it comprises of all nutrition indicators as well as per capita spending and produces the scorecards which are used to measure accountability of Region Commissioner (USAID,2022), while DHIS 2 is a software platform which supports routine health data management, analyses, health program monitoring and evaluation, the system is used in

variety of countries Tanzania being among them (Byrne & Sæbø, 2022) and Planrep is a web-based platform that has been in Tanzania for more than 10 years, it enabling the PORALG and other stakeholders in planning and budgeting as well as reporting (Ruhago *et al.*,2022).

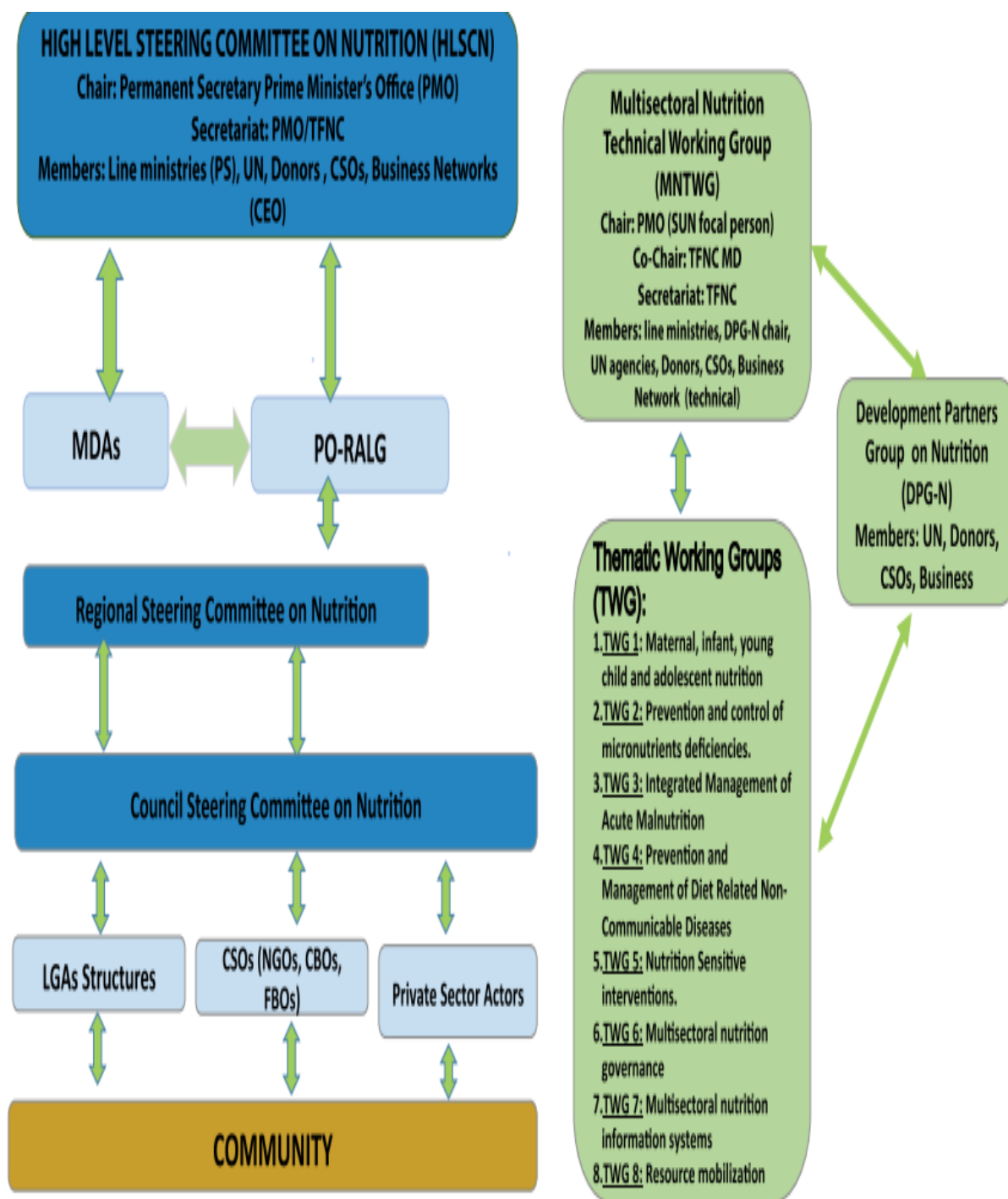


Figure 1.1: Proposed leadership Management and Coordination structure of NMAP

1.8 Justification of the Study

In setting up the nutrition interventions in Tanzania, nutrition governance is considered part of the enabling environment whereby accountability is a key component (URT, 2016; URT, 2021). Nutrition in country is governed by multisectoral nutrition framework whereby different government structures at national or local government must cooperate and remain accountable and have the power to utilize the nutrition information and investment for desirable nutrition outcomes (Ramadhani, 2020). In that respect, the government at National and sub-national levels has set some commitments which make different stakeholders to be accountable. For example, planning and spending of nutrition budget per each council is based on 1000 Tanzanian shillings for every under five child in a council for each financial year (Dolf *et al.*, 2020). The other commitment is on development of terms of reference for Multisectoral Committees on Nutrition for Regional Secretariats and local government authorities Nutrition Committee meetings to guide in operation of the meetings (URT, 2018). Also signing of Nutrition Compact Agreement from national to community level has been part of commitment in nutrition governance in making each and every one more accountable for nutrition interventions (Bhagawati *et al.*, 2021). Moreover, another important commitment was formulation of nutrition information system so that nutrition data could be collected, analyzed and used effectively for different purposes at different levels (URT, 2016).

Nutrition governance and accountability have more chances to improve nutrition outcomes (IFPRI, 2020), although nutrition coordination at different levels and low investment in nutrition has been among the barriers for nutrition governance (Ayele, *et al.*, 2020). Thus, failure of practicing good nutrition governance has been highlighted to be hindrance, or a slowdown in progress of fighting different forms of malnutrition (Sunguya *et al.*, 2014). Furthermore, limitation of resources for nutrition services calls for a need to have strong nutrition governance and accountability (Bump, 2018).

Despite of some progress in nutrition interventions in Tanzania, we are still faced with both undernutrition and overweight problems (MoHCDGEC *et al.*, 2018). Morogoro region has been among the regions with increased prevalence of overweight in children from 2.8% in 2014 to 4.1% in 2018 (URT, 2021). However, the region has been struggling to attain the indicators of Compact Agreement but still the progress is low. One of the indicators is nutrition funding which has not been performing well, thus bringing much doubt of the nutrition governance at sub-national levels (Ramadhani, 2020).

Hence, nutrition governance and accountability have been considered useful in freeing all forms of malnutrition (Boaz, 2018; URT, 2021)

Therefore, the present study aimed at assessing nutrition governance and accountability at the sub-national level (District councils or local government). The assessment looked at the extent to which the district councils adhere to nutrition budgeting requirements and its implication to commitment in investment for nutrition. The assessment also considered the ways in which nutrition is coordinated and evaluated how nutrition information data are collected, processed and utilized for informing planning at council and sub-council levels. It is envisaged that this study can contribute to the efforts of overcoming malnutrition by providing better understanding of ways to govern nutrition actions at the sub-national level. The study is in line with the Sustainable Development Goals 2030, especially goal number 2 of achieving improved nutrition, and also with National Multisectoral Nutrition Action Plan II of 2021/22 -2025/26.

1.9 Objectives

1.9.1 Overall objectives

The overall objective of the study was to undertake a case study of assessing the performance of nutrition governance and accountability structures in implementing nutrition services in Morogoro Urban and Rural District Councils.

1.9.2 Specific objectives

- i. To assess the extent to which the councils abide to the President's Office Regional Administration and Local Government (PO-RALAG) guidelines of allocating and spending the development budget meant for under-five children.
- ii. To assess the extent to which Nutrition Steering Committees abide to the PO-RALG's guidelines of holding their quarterly nutrition review meetings.
- iii. To evaluate the ways in which routine nutrition data are collected and processed at various levels (village, ward and district).
- iv. To assess ways in which the available nutrition information is accessed and used in informing development planning at Council and sub- council levels.

The first and second objectives are covered in manuscript one, while the third and fourth objectives are captured in manuscript two.

CHAPTER TWO

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Nutrition governance at the sub-national level in Tanzania: a case of Morogoro municipality and district councils

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Abstract

Introduction: Nutrition governance has been proven to be a relevant approach to improving nutrition services in developing countries. Tanzania has adopted it since 2011, but limited studies have been done. This study examines nutrition governance through government commitment to nutrition budget and nutrition coordination.

Methods: The study was cross-sectional, and conducted in two councils of Morogoro district. It involved the review of documents and interviews with 140 respondents, and a semi-structured questionnaire and checklist tools were used. Content analysis and the Excel database were used for the analysis.

Results: From this study, it was revealed that nutrition budget planning and spending based on own sources are not matched and spending has been low in rural councils. For the nutrition coordination, at the council level, the meetings were held as required but still faced the problem of attendance of core members and follow-up of the standard agendas. At the sub-council level inclusion of nutrition as a standing agenda in the ward and village/street development committee meetings quarterly has been less than 50%.

Conclusion: Therefore, nutrition budget provisions such as subsidies, especially to the rural council, committee member sensitization, capacity building, and investment in the ward/village/street development committees could accelerate nutrition governance thus improving nutrition intervention.

Keywords: Development committee, nutrition budget, coordination, nutrition governance

Introduction

Nutrition governance has emerged as an important concept worldwide as a result of global nutrition initiatives especially the Scale Up Nutrition (SUN) movement that aims at ending all forms of malnutrition (Sunguya et al., 2014). Good nutrition governance affects many positive aspects such as promoting coordination and accountability among nutrition stakeholders and increasing community ownership and government responsiveness to the citizens' needs (Bump, 2018). Nutrition Governance is defined as a network of actors whose major designated job is to enhance nutrition outcomes through processes and mechanisms for convening,

agenda-setting, decision-making (including norm-setting), implementation, and accountability (Friel et al., 2017).

So far, unacceptable high rates of malnutrition and its consequences have increased the need for nutrition governance in many African countries (Ayele et al., 2020). Tanzania has expressed significant political commitment to implementing nutrition services (Dolf et al., 2020), but adequate nutrition coordination at all levels, low investment in nutrition, and poor accountability have been shown to cause slow progress in reducing malnutrition in the country (URT, 2016).

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Various efforts have been undertaken in Tanzania to strengthen nutrition governance. Such efforts include the establishment of nutrition units in the Ministry of Health and the President's Office, Regional Administration and Local Government and nutrition positions as Regional Nutrition Officers and District Nutrition Officers. Other efforts include adopting a Multisectoral nutrition coordination approach, putting a budget line for nutrition across sectors to enable greater transparency in spending public funds for nutrition and establishing nutritional platforms such as the annual Joint Multisectoral Nutritional Review meetings (URT, 2016).

Furthermore, the President's Office Region and Administrative and Local Government Authority updated the Terms of Reference for nutrition coordinating bodies such as the Region and district Multisectoral Steering Committees on Nutrition and development committee meetings with the inclusion of nutrition as agenda (URT, 2018). The coordinating bodies aim to make each of the government authorities more accountable for nutrition. The signing of compact agreements from the national to the community level is for increased accountability.

Moreover, all the initiatives have been formulated based on the National Multisectoral Nutrition Action Plan framework. Through its implementation, the PO-RALG via the Ministry of Finance has a mandatory commitment of 1000 Tanzania shilling per child aged below five years in the council (Nemer *et al.*, 2020). The commitment has been there since the financial year 2018/2019 financial year and the compact review meeting annually is among the indicators (PMO, 2019). This paper seeks to examine ways in which nutrition governance is conducted at the council and sub-council levels in Morogoro Municipality Council and Morogoro District Council through nutrition budget and nutrition coordination. The finding of this study has added and reflected on the

understanding of nutrition governance in Tanzania, and the reasons for the slow improvement in nutrition and sometimes difficulties in attaining nutrition targets set by the country or relevant international targets including the Sustainable Development Goals.

Methodology

Selection of study area

It was a cross-sectional study design which was conducted in Morogoro Municipality and Morogoro rural district councils. Morogoro region is known for high food production (Mrema *et al.*, 2021), but still has a high prevalence of stunting (26.4%) in children under the age of five years (MoHCDGEC, 2018). The two councils were selected because they are both in a single district, which is highly diversified in terms of urban and rural characteristics and socio-economic conditions. It was assumed that the two settings represent the typical conditions found in most parts of the country.

This study was conducted in four wards in each of the two-district councils. The wards were selected based on cardinal direction, in Morogoro Municipality council the wards were Mafisa, Mindu, Bigwa, and Sabasaba and in Morogoro District council the wards were Mkuyuni, Mvuha, Kinole, and Mikeke. Two villages in each ward included in Morogoro District Council which were Fulwe and Mtego wa Simba (Mikeke), Madam and Kibwaya (Mkuyuni), Dala and Mvuha (Mvuha) and Tandai and Rudewa (Kinole), while two streets were included from each of selected ward. They were Mganza and Madaganya (Mindu), Ngotto and Kenyata (Sabasaba), Bigwa stand and Lukuyu (Bigwa), Sina and Mbuyuni (Mafisa).

Selection of respondents

A total of 140 respondents were included in the study. At each council, a purposive sampling of 7 key members of the Council Multisectoral Steering Committee on Nutrition was done adding 14 respondents. The respondents were selected due to their roles

as the heads of departments of Education, health, community development, planning, Agriculture, Water, Livestock and fisheries. At each council, three respondents involved in coordinating nutrition at the council level were included. At the sub-council level, a total of 120 respondents were selected. At the wards, five respondents who oversee nutrition as per signed the compact and two extension officers from the government structural posts, and two members of the Ward Development Committee were also included in the study. At the street and village levels, a random selection of the respondents was applied to obtain respondents on the criteria that they have attended the meetings at least twice in the previous year.

Data collection and analysis

The regional authority approved to carry out the study. The semi-structured questionnaires and a checklist were the main data collection tools. While the checklist was used to review the nutrition budget and minutes for the financial years 2018/19 to 2020/21, the questionnaire was administered in face-to-face interviews. Data were analyzed using Microsoft Excel 2010, whereby the summation of variables, averages, and percentages was calculated. Also, content analysis was used for

the analysis of the responses from the respondents.

Results

Planning and spending of nutrition budget

Both councils had a difference in the number of children below five years of age, which corresponds to the expected budget from the national guide that each child should be allocated 1000 TZS per year. The actual nutrition budget for the three consecutive financial years has been increasing where in Morogoro rural, the progress has increased from 0% to 50%, while in Morogoro Municipality it rose from 80% to 112%. Furthermore, Morogoro rural relied solely on development funds from its source, whereas its counterpart council had two sources of nutrition funds. From the interview, it was revealed that budgeting on nutrition based on 1000 Tanzanian shillings per child below the age of five in the council has only been placed in the department of health. Other departments did not budget for nutrition objectives. Moreover, most respondents who were interviewed at councils pointed out their sources as being insufficient to suffice the nutritional purposes due to challenges facing the allocation of the 1000 TZS per child below the age of five years.

Coordination of nutrition

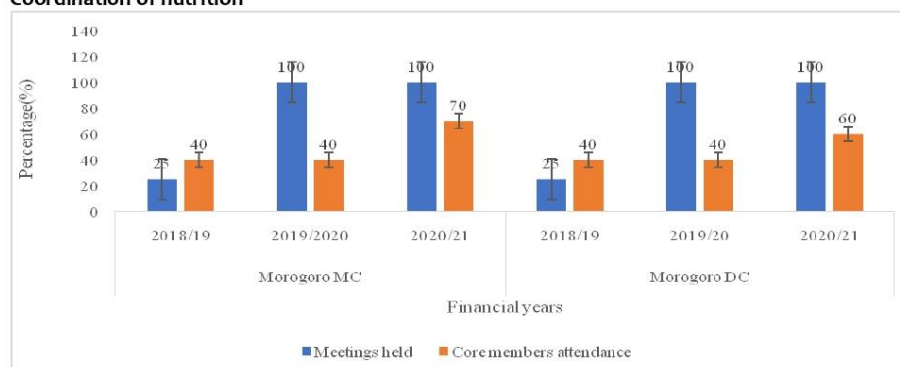


Figure 1: Meetings and attendance of core members

Coordination at the council level

As shown in Figure 1, there has been good progress in the conducting of Council Multisectoral Steering Committee on Nutrition (CMSCN) meetings in both councils in Morogoro district. The attendance from core members in 2018/19 and 2019/20 was less than 50% (40%) while in 2020/21, Morogoro Municipality Council was 70% while Morogoro District Council was 60%.

However, as tabulated in Table 1: The nutrition standard agendas to be chronological in the quarterly CMSCN meeting only 4 were seen to be followed in the minutes. The agendas were opening agenda, approval of previous meetings, any other business and closure of the meeting by the chairperson.

The other agendas which were not seen in the minutes were, updates towards each outcome of the National Multisectoral Nutrition Action Plan (NMNAP) by the Nutrition Officer and officers from each department (Council Agriculture and Irrigation Officer (DAICO), Council Livestock and Fisheries Officer (DLFO), Council Water Engineer, Council Development Officer, Council Medical Officer, Council Education Officer – Primary and Secondary, and Council Planning Officer), results of the quarterly Multisectoral Nutrition Score (MNS) card, the outcome of meetings between the District/Council Nutrition Officer (D/CNuO), Civil Society Organizations (CSOs), and private sectors and date for the Next Meeting by the Chairperson of the meeting.

Table 1: Standard agenda in CMSCN meetings

Variable	Morogoro Municipality			Morogoro district council		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Opening Agenda	1	3	4	1	3	2
Approval of previous minutes	1	3	4	1	3	2
Updates towards each outcome of the NMNAP	0	0	0	0	0	0
The result of MNS presented	0	0	0	0	0	0
The outcome of the meeting between the CNuO, CSOs and Private	0	0	0	0	0	0
Any other business	1	3	4	1	3	2
Date for the next meeting	0	0	0	0	0	0
Closure of meeting by the chair	1	3	3	1	3	2

Coordination at the sub-council level (ward, village and street)

As indicated in Table 2, all interviewed officials at the ward, village and street knew about the

inclusion of nutrition as a standing agenda in their meetings. About nine out of the 16 extension officers knew about it.

Table 2: Awareness of nutrition as standing agenda in development committee meetings

Respondents	Morogoro municipal council	Morogoro district council	Total
	n (%)	n (%)	n (%)
Executive Officers	12(100)	12(100)	24(100)
Extension officers	5(62.5)	4(50)	9(56)
Other committees	7(21.8)	8(25)	15(23)

Nutrition as a standing agenda in a development committee meeting at the sub-council level, as seen in Table 4, in the financial year 2018/19 never existed. By 2019/20, at the ward level nutrition as a standing agenda appeared in five (31.3%) in Morogoro Municipal Council while in Morogoro District Council appeared one (6.3%). In the same year in both councils at the sub-ward level, there was no

existence of nutrition as a standing agenda in the development meetings. In the final year of the study, there was an increase in the inclusion of nutrition as a standing agenda in their meetings as was seen in seven (43.8%) and % (31.3%) wards in Morogoro Municipal and Morogoro District Councils respectively. For the streets, it was 34.3% and for villages 18.7%.

Table 3: Development committee with the inclusion of nutrition as standing agenda

Financial years	Morogoro Municipal council		Morogoro District council	
	n (%)		n (%)	
	Wards	Streets	Wards	Villages
2018/19	0	0	0	0
2019/20	5(31.3)	0	1(6.3)	0
2020/21	7(43.8)	11(34.3)	5(31.3)	6(18.7)

Discussion

Planning and Spending on Nutrition Budget

Overall, both councils had at least adhered to the commitment of nutrition budget planning based on 1000 Tanzania shillings per child below the age of five years. However nutrition budget spending was low in comparison to planning, this was also envisaged in the midterm review of NMNAP I (PMO, 2019). Expenditure on nutrition was low in the rural when compared to the urban council. The results of this study are similar to the one conducted in Tanzania (Ramadhani, 2018). Despite nutrition budget spending being low still had show progress from financial 2018/19 to 2020/21. This could have been due to vertical accountability through the compact midterm review which is held annually (Government of Tanzania, 2018). There was a stride of the compact agreement, yet most local authority leaders were not accountable for nutrition budget expenditure.

Depending on a single source of funds may be the reason for less spending than initially planned. Morogoro was ranked

second last in the first compact evaluation in 2018, so the region scheduled the annual compact evaluations to enhance the accountabilities. This is probably because inadequate funding might lead to some nutrition interventions not performing well thus resulting in deprived outcomes (Fanzo *et al.*, 2018). The commitment to the nutrition budget based on 1000 Tanzania shillings per child below the age of five is however below the World Bank recommendation which ranges from 18,000 to 20,000 Tanzania shillings, (Government of Tanzania 2019). Thus, it is obvious some of the important nutrition aspects will not be addressed at all or not be adequately implemented.

Coordination of Nutrition

Coordination of nutrition at the council has been through a structured Council Multisectoral Steering Committee on Nutrition and existing community development committees, at the ward, village and street levels (URT, 2018). Overall nutrition coordination at the council level based on the

President's Office Regional Administration and Local Government guide has shown good progress compared to the community level. Moreover, at the village and street level, the situation is less inspiring. A study conducted in Ethiopia showed a decrease in the level of coordination of nutrition in government structures from the national to the community level (Ayele *et al.*, 2020). So, for coordination of nutrition to be of poorer quality at the village/street level, which is the lowest structure in the government, should be expected.

Coordination of nutrition at the council level

In both councils, it was only in the financial year 2018/19 whereby the CMSCN was held only once instead of four times per year. This could be possibly it was something new hence more orientation and capacity building were in process. Also, the government and projects such as "USAID Lishe Endelevu Projects" have made the meeting possible. The increase in discussed under the agenda of reports from departments and other stakeholders but in Morogoro District Council they never had such agenda discussed. As a result, can be assumed the members were not reporting based on the NMNAP outcome.

The second agenda left was the presentation of the results of the quarterly Multisectoral Nutrition Score (MNS) Card, this agenda was on the minutes but it has been replaced with the Compact and ruling part manifest scorecards, which although they have similar indicators but have few which are different (Bhagawati *et al.*, 2021). The third agenda was the outcome of the meeting between the District/Council Nutrition Officer and the private sector, for this agenda, was not discussed as the Nutritionist in both councils admitted that the meeting was not conducted probably due to not knowing that. Coming to the last agenda which was left out was the date for the next meeting included unknowingly. That it indicates that the Updated Term of Reference was not considered in the preparation of the agendas

the number of CMSCNs held indicates a role in accountability, resource mobilization, and nutrition budget adherence (Nemer *et al.*, 2020). Despite progress in conducting the CMSCN, they are still faced with the problem of the attendance of less than half of the core members, especially in the first two years. A study conducted by Ayele *et al.* (2020) showed similar findings, that there is poor attendance at meetings thus can result in a lack of ownership and accountability. The core members did not attend the meetings because of the short notice of the meetings and other responsibilities.

Although there was good progress in conducting the CMSCN meetings, the meetings did not also adhere to the standard agendas. The standard agendas which were not incorporated into the minutes for all three years of study were an update of the National Multisectoral Nutrition Action Plan (NMNAP), in Morogoro Municipality the agenda was

of meetings and this was confirmed by the nutritionists in both councils. Hence that could be the possible reason for skipping some of the agendas. Through this study, it has been a call-up in considering the guide rather than its application being verbal.

Coordination of Nutrition at sub-council levels

At the community level, the existing development committees have been used. According to the PO-RALG terms of reference guide, nutrition should be a standing agenda item in their quarterly ward development committee. It was seen that in 2018/19 the agenda did not exist, while in 2019/20 at least the wards now started to put nutrition as a standing agenda item, and finally, in 2020/21 the agenda has been twice. The reason for the progress could be that maybe in May 2019, the compact was scaled down toward level. This could have made them more accountable. Low-capacity building and a lack of a PO-RALG guide, on the other hand, could be reasons for

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the meeting's slow progress in making nutrition a standing agenda item

At the sub-ward level, despite signing the compact agreement, they have made little progress in making nutrition a standing agenda item at their quarterly meetings. As suggested in the study by Ayele et al. (2020), a lack of ownership by the committee has been envisaged. This is because the executive who has engaged in the nutrition agreement is still

Conclusion and Recommendation

The nutrition coordinating committee at the ward and village/street have to be well capacitated and given the guidance manual. Furthermore, more studies needed to be conducted at community-level coordinating bodies to see the awareness of technical nutrition officers.

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not aware of what they have to do. Possibly due to a lack of capacity building and guiding documents. It has been noted that malnourished people are in the community and they lack a voice and even sometimes they are unaware of their situation, (D'Alimonte et al., 2019). Hence more efforts are needed to be channelled from the community level.

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CHAPTER THREE

3.0 ¹Use of Nutrition Information for Informing Policy Implementation in Morogoro Municipal and Morogoro District Councils, Tanzania

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Abstract

A cross-sectional study involving a sample of 42 key informants in two local government councils of Morogoro Municipality (urban) and Morogoro District (rural) was conducted. The aim of the study was to assess the ways in which nutrition information was being used in informing policy planning decision-making. The respondents were the key local government officials at the council and sub-council levels (Wards and Villages/Mtaa). The respondents were interviewed through face-to-face using semi-structured questionnaires. Nonstatistical analysis was used in summarizing the opinions and understandings of the respondents accordingly. The study revealed three key issues, which were: failure in capturing some crucial nutrition indicators, poor accessibility of the collected information among the stakeholders; and a number of challenges hindering the potential of using nutrition information for informing policymakers and decision-making. Hence, President's Office Region Administration and Local Government (PO-RALG), Tanzania Food and Nutrition Centre (TFNC) and other nutrition stakeholders to engage and collaborate to strengthen Nutrition information, data collection and usage at sub national level to improve nutrition interventions implementation.

Key words: Policy, Nutrition information, Nutrition Scorecards, Steering Committee.

3.1 Background

In all its forms, malnutrition poses substantial threats to human health (Sotiraki et al. 2022), particularly the tripple burden of undernutrition and overweight in low- and middle-income countries, Christian and Dake (2022). In order to eradicate malnutrition and its complexity, the Scaling Up Nutrition (SUN) movement and the Sustainable Development Goals (SDGs)

¹ The material contained in this chapter has been submitted to Tanzania Journal of Agriculture Sciences Current status: 'Reviewing'

have both advocated for a multisectoral approach to nutrition interventions (Pelletier et al. 2018), involving especially various sectors in planning and carrying out nutrition initiatives and services. According to World Health Organisation (WHO) and United Nation Children Funds (UNICEF) (2021), nutrition data has been viewed to be of great importance. A robust nutrition information system is necessary in provision of the nutrition data (Shiell, 2016; Cluster and UNICEF 2020). It has also been noted that nutrition information or data might come from surveys, early warning systems, routine data gathering, or program implementation, SUN (2014).

Tanzania being among pioneers of SUN movement nations has followed the road map by creating an evidence-based plans known as National Multisectoral Nutrition Action Plan (NMNAP) to serve as framework for planning and implementing nutrition development activities (te Lintelo *et al.*, 2020). The necessary nutrition information has relied on data generated through the Tanzania Demographic Health Survey (TDHS), SMART surveys, and the Public Expenditure Review on Nutrition (PER-N) at irregular intervals (Lyatuu 2016). Additionally, the government of Tanzania has emphasized that it is necessary for nutrition data to guide decisions when planning and implementing nutrition activities and services (MoHCDGEC *et al.*, 2018). In that respect, various efforts have been undertaken including formulating a tool for accountability in form of Nutrition Scorecard, conducting regular review meetings such as Joint Multisectoral Nutrition Review (JMNR) and Nutrition Steering Committee Meetings (Bhagawati *et al.*, 2021). Others include carrying out compact evaluation sessions to track the progress of implementation of nutrition interventions through the bi-annual or annual nutrition information based on the indicators of compact Prime Minister Office (PMO) (2019). While these efforts are enormous there is still concern about adequacy and quality of data due to the ways in which they are collected and processed, but more important is the way in which they are being used (Bourgeault *et al.*, 2019 & URT 2021).

This study attempted to investigate how nutrition data were gathered, processed, and applied in informing policy planning and implementation in two local government councils in Tanzania. The findings will help to highlight some of the difficulties and limitations associated with using nutrition data to improve development planning and policy implementation at the sub-national level. The study focused on the sub-national level, which is frequently ignored or assumed to function well if the higher levels are functioning. While much of the effort in Africa has been invested in improving nutrition information at the national level, less attention has been put to understanding how nutrition information is managed at the sub-national levels (IFPRI, 2014).

3.2 Methodology

3.2.1 Description of the study area

According to the government administrative setting in Tanzania, the District Councils are governed under the President's Office-Regional Administration and Local Government (PO-RALG). Within the district councils, nutrition activities are implemented using the National Multisectoral Nutrition Action Plan (NMNAP). The heads of the departments in the councils are responsible for its implementation. The departments include Health, Planning, Finance, Agriculture, Education, Community Development, Water and Livestock and Fisheries. Other stakeholders are also included such as academics, the media, Non-governmental Organisations (NGOs), Community Based Organisations (CBOs) and religious institutions. At the sub-council level², nutrition is coordinated through meetings of the Ward and Village/Mtaa³. Development committees, where it is mandatory for nutrition to be incorporated as a standing agenda in their quarterly meetings. Meetings at ward level consist of the respective government officials working at the ward, plus some representatives from each of the villages or mtaa that make up the respective ward. Other stakeholders include representatives from Community Based Organisations (CBOs), Civil Society Organisations (CSOs) and Non-Governmental Organisations (NGOs) that work in the area. Similar structure of composition is also followed for the Village/Mtaa Development Committees.

Selection of the study area was done in such a way that two distinguished councils in Morogoro region were included purposively whereby, one being urban settings as seen in Appendix 9, while the other was a typical rural area (Appendix 10). Four wards were selected randomly from each council making a total of 8 wards. Then two villages were selected randomly from each sampled ward in Morogoro District Council (MDC) and similarly two Mtaa were selected in each of the selected wards in Morogoro Municipal Council (MMC).

3.2.2 Study design

Qualitative research approach, with cross-sectional design, was adopted in this study whereby data came from reviews of records kept at different levels of the District Council supplemented by interviews of key informants from selected units of the local Government.

² Sub-council level refers to wards and villages/Mtaa

³ According to the administrative structure of the local Government in Tanzania, the sub-ward level of villages in rural settings while in urban areas these are known as "mtaa" which is a Kiswahili word with literal meaning of a "street".

3.2.3 Selection of study respondents

A total of 42 respondents were included in the study. Purposive sampling of 8 heads of departments who make up the Council Multisectoral Steering Committee on Nutrition (CMSCN) and one Council Nutrition Officer was done in each of the two councils making a total of 18 respondents. On the other hand, all the ward and Village /Mtaa Executive Officers from the sampled wards and Village/Mtaa were included because they are the ones responsible in overseeing all the nutrition issues at their respective levels according to the Compact Agreement established by the government. Accordingly, a total of 24 Executive Officers were sampled (8 from the Wards, 8 from the Villages and 8 from Mtaa).

3.2.4 Data collection and analysis

Data were collected through face-to-face in-depth interviews of the 42 key informant respondents mentioned above. The interviews focused on understanding how the nutrition data are usually collected and used for planning at various levels of the government structure (i.e., council, ward and village/mtaa). Review of various reports and records at the different levels of the council also provided useful data for answering the objectives of this study.

Data was analyzed using non-statistical approach based mainly on the content analysis to identify the intentions and focus of the various nutrition information key players at the two councils. Information from the respondents, which included their opinions and understanding of how nutrition data were collected, processed and disseminated to various end users, were sorted and summarized accordingly.

3.3 Ethical considerations

This study permit was obtained from the Morogoro Regional Administrative Secretary and the respective District Administrative Secretary. Informed consent was sought from all the respondents interviewed and they were assured of confidentiality and anonymity of collected information.

3.4 Results and Discussions

3.4.1 Results

The results are presented so as to capture four key aspects namely, the type of nutrition data originating at the council and sub-council levels; accessibility to the available nutrition information, use of nutrition information for development planning, and finally, opinions of respondents about use of nutrition information for development planning. Findings for each of the four aspects are presented one after another below.

3.4.2 Nutrition data originating at the council and sub-council levels

Table 3.1, summarizes the different types of nutrition data that are originating at the council and sub- District Health Information System (DHIS2) and Integrated Monitoring and Evaluation System (iMES). The situation was similar in both Morogoro Municipality (urban) and Morogoro District (rural) Councils levels in the study area. The noted nutrition data included nutrition status of under-five children, numbers of care givers who received counselling on IYCF, extent of VAS, folic acid and iron supplementation and management of acute malnutrition. Others included information on school feeding and nutrition clubs in schools, social fund transfer, production of food (crops, livestock and fisheries), nutrition intervention funding and indicators of compact nutrition scorecard. The nutrition data are collected at Health facilities and community level. The responsible persons for data collection are Health Care Personnel (HCP), Community Health Workers (CHW), Extension Officers, school teachers and Executive Officers at respective areas. Furthermore, the nutrition data are stored as paper copies in files and or electronic form (District Health Information System – DHIS2 and Integrated Monitoring and Evaluation System (iMES). The situation was similar in both Morogoro Municipal (urban) and Morogoro District (rural) Council.

Table 3.1: Nutrition data originating at the council and sub-council levels

Information collected	Who collects the data and the tool used	Reporting mechanism	How it is processed
Nutrition status of under-five children (weight for age)	CHW using specially designed form during the Nutrition and health day HCP by HMIS book number 7	Filled forms are signed by V/MEO and sent to WEO then compiled and submitted to the council Some health facilities are connected to DHIS2 (input their data directly) and others that are not connected send hard copy to the council for processing	Filled into iMES by Council's Nutrition Officer DHIS2 nutrition data are automatically pooled to iMES whereby any analyses of nutrition information are obtained
Number of care givers who receive IYCF counselling	CHW using a specially designed form HCP using HMIS books number 7 and 13	Filled forms are signed by V/MEO and sent to WEO then compiled and submitted to the council Some health facilities input the data into DHIS2 directly, others send hard copies to the council for processing	Filled into iMES by Nutrition Officer DHIS2 data pooled iMES and used to generate nutrition score cards.
Vitamin A Supplementation	HCP at the health facility and selected community posts using HMIS book number 7 and CHNM forms	Some health facilities input the data into DHIS2 directly, others send hard copies to the Council for processing CHNM forms are compiled at council and computed manually.	DHIS2 nutrition data are automatically pooled to iMES CHNM report
Iron and Folic Acid supplementation	HCP using HMIS book number 6	Some health facilities input the data directly into DHIS2; others send hard copies to the Council for processing	DHIS2 nutrition data are automatically pooled to iMES
Management of Acute malnutrition	HCP using HMIS books and counter books. CHW using specially designed forms CHW using counter books or forms	Some health facilities input the data directly into DHIS2 CHW data sent to health facilities for follow up	DHIS2 nutrition data are automatically pooled to iMES
School feeding and nutrition clubs	School Teacher using prepared sheets of paper	Report writing to keep as records	Not processed in any information system
Social fund transfer	Extension officers during community sessions (documented in papers)	Report writing from trained extension officers on TASAF guide sent to TASAF coordinator to be compiled	Processed in TASAF MIS.
Production of food (crops, livestock and fish)	Extension officers at wards/mtaa/village collect the information using special prepared forms.	The filled forms are sent to the respective council Officers, and entered into ARDS	Processed in ARDS-computerized
Nutrition intervention funding	Planning Officers and Nutrition Officers at the council using the PlanRep through the nutrition departments	Generated reports on planning presented to different stakeholders through different meetings at councils and sub-council levels	PlanRep and iMES websites
Indicators of compact nutrition score card	CHW collect the information by use of designed forms Information from DHIS2, PlanRep and TASAF-MIS	Filled forms signed by V/MEO are sent to WEO then compiled and submitted to the council.	iMES website pool data from a different system and scorecards generated from it

Source: Nutrition Governance and accountability study (2022)

Key to Table 3.1

CHW	Community Health Worker	CHNM	Child Health and Nutrition Month
V/MEO	Village/Mtaa Executive Officer	TASAF-MIS	Tanzania Social Action Fund- Management Information system
iMES	Integrated Monitoring and Evaluation System	ARDS	Agriculture Routine Data system
HMIS	Health Management information System	PlanRep	Planning and reporting database used by local Government Authority
DHIS2	District Health Information System	HCP	Health Care Personnel
WEO	Ward Executive Officer		

3.5 Accessibility to the Available Nutrition Information

The main nutrition information sources that were identified included the website based (iMES, DHIS2, PlanRep, TASAF-MIS and ARDS). Similarly, the prepared council nutrition report was also used as source of nutrition information especially during the nutrition coordination meetings at the council, ward and village/mtaa. Table 3.2 shows summarized extent of accessing various nutrition information sources by the councils' departments and the sub-council level units. Accordingly, PlanRep and the council's Nutrition Reports were accessed by all the departments of the council. On the other hand, the web-based iMES and DHIS2 were only accessed by the department of health. However, sub-council levels have no access to electronic nutrition data (iMES, DHIS2, ARDS, TASAF-MIS or PlanRep). Few of the wards had access to the council's nutrition reports through the meeting held by Nutrition Officer, but none of the villages/Mtaa.

Table 3.2: Extent of accessing the available Nutrition Information

Source of nutrition information	Council departments accessing the information source	Sub-council levels (ward and village/mtaa) accessing the information source
iMES	Only health departments	None
DHIS2	Only the health departments	None
PlanRep	All the departments	None
TASAF-MIS	Only TASAF coordinator	None
ARDS	Agriculture, Livestock and Fisheries departments	None
Council nutrition reports	All the departments	Only 4 wards of MMC out of 8 surveyed and none of the village/Mtaa

The study went further to analyse the ways in which the location-specific nutrition information was disseminated to the public (community members). Only few wards among the surveyed ones displayed the nutrition information on the public notice boards in both councils and none of the villages or Mtaa displayed the information (Table 3.3)

Table 3.3: Dissemination of local nutrition information to community members

Action at sub-council level	Morogoro Municipality Council	Morogoro District Council
Ward level		
-Displayed on notice board	Only 1 out of 4 (25%)	Only 1 out of 4 (25%)
-Not displayed on notice board	3 out of 4 (75%)	3 out of 4(75%)
Village/Mtaa level		
-Displayed on notice board	None (0%)	None (0%)
-Not displayed on notice board	All (100%)	All (100)

3.6 Use of Nutrition Information for Development Planning

Table 3.4, summarizes the findings of the assessment at the council and sub-council levels. All the seven departments in the two councils reported to be involved in discussing the council nutrition reports, however, none of the wards and villages/Mtaa reported to be involved in discussing the reports. On the other hand, only 3 out of 7 departments in the council reported to consider nutrition information in their development planning. However, none of the wards and villages/Mtaa reported to do the same.

Table 3.4: Use of nutrition information for development planning

Assessed item	Morogoro Municipality Council	Morogoro District Council
Discussion of council's nutrition reports at council level	All the 7 departments reported to be involved	All the 7 departments reported to be involved
Discussion of council's nutrition reports at ward level	None of the surveyed wards	None of the surveyed wards
Discussion of council's nutrition reports at village /mtaa level	None of the surveyed Villages/Mtaa	None of the surveyed Villages/Mtaa
Use of council's nutrition reports for planning at council level	Only 3 departments out of 7 reported (Health, Education and Agriculture)	Only 3 departments out of 7 reported (Health, Education and Agriculture)
Use of council's nutrition reports for planning at ward level	None of the surveyed wards	None of the surveyed wards
Use of council's nutrition reports for planning at village/mtaa level	None of the surveyed Villages/Mtaa	None of the surveyed Villages/Mtaa

3.7 Opinions of Respondents about the use of Nutrition Information for Development Planning

In collecting data on opinions of the interviewed respondents about the use of nutrition information for development planning four key issues were assessed. They included the following: -

- Nutrition information required for planning
- Challenges faced in using nutrition information for planning
- Familiarity with the NMNAP framework of planning nutrition activities and
- Actions required strengthening the use of nutrition information for planning.

The opinions of key issues assessed are summarised on Table 3.5.

Table 3.5: Opinions about the use of Nutrition information for development planning

Issues considered	Responses (opinions)
Nutrition information (NI) required for planning	Nutrition status, food availability, school feeding program, Water Sanitation and Hygiene (WASH), Infant and young Child Feeding (IYCF), Immunization rates, micronutrients deficiency and Non Communicable Disease (NCD prevalence rates
Challenges faced in using NI for planning	Data that are not accurate and relevance of nutrition to the respective sectors
Familiarity with NMNAP framework of nutrition planning	Apart from the Nutrition Officer at the council level, the rest were not familiar, the situation was worse at the sub-council level
Action required to strengthen the use of nutrition information for development planning	Improve the data collecting tools, provide payment or incentives to the CHWs, and provide nutrition capacity building to the Executive Officers of Wards and villages/Mtaa as well as Extension workers and other members of Development Committee

3.8 Discussion

3.8.1 Failure to capture data on some crucial nutrition indicators

Overall, nutrition data originating at the council level are mostly focusing on nutrition status of under-five children (weight for age), number of care givers receiving IYCF counselling, extent of Vitamin A, iron and folic acid supplementation, and management of acute malnutrition. Data on extent of implementing nutrition in school feeding and nutrition clubs, cash transfers through the social funds as well as food production (crops, livestock and fisheries) are also collected. Others are data on funding of nutrition interventions and indicators of compact nutrition score card.

It is clear from the list that data for some of the crucial nutrition indicators such as stunting of under-five children and nutrition status of adults (both men and women) as well as for adolescents is not collected. Similarly, data for breastfeeding and other feeding practices which are quite important in planning for essential interventions in the communities are not collected. According to the interviewed Nutrition Officers, it is assumed that when caregivers attend the Reproductive and Child Health (RCH) clinics and get the training and /or counselling on IYCF, it is sufficient to make them adopt the proper feeding practices. However, the reality of such assumption is quite doubtful. According to WHO and UNICEF (2020), recommended nutrition data (indicators) should corresponds to the priorities in nutrition plan and in Tanzania currently, is the National Multisectoral Nutrition Action Plan of 2021 to 2026.

3.8.2 Recorded data not reflecting the actual nutrition situation

Looking at the nature of the nutrition data collected and recorded one may wonder whether they do reflect the actual situation that is on the ground. For example, Vitamin A supplementation data recorded for the children aged below the age of five years have in most cases exceeded 95% which is completely different from the results of the Tanzania National Nutrition Survey of 2018, (MoHCDGEC, 2018). The possible reasons could be due to the denominator that was used in calculating the rates. It was noted from the key informants that the targets are just been given or set, and very often they are not the actual. Due to the percentage coverage appearing to be so high, one may think that almost all the children are covered, but in reality, it is not true. Furthermore, data on management of acute malnutrition are obtained during treatment of client. However, discussion with key informants showed that in most cases such affected individuals are only considered as patients rather than malnutrition cases showing that probably many cases are not captured properly. For the School feeding and nutrition clubs' data are not well organized possibly because there has been no school feeding guideline in Tanzania. Previously Nutrition and school feeding guideline not been hence has launched recently and contains all al the aspects for guidance (Shosho, 2021). Do to that it will give direction in capturing the nutrition data in schools.

3.8.3 Poor accessibility of the available data

According to World Health Organisation (WHO) (2021), nutrition data have to be widely and readily available for different users to access for different purpose such as analysis, decision making and for accountability. Within the two councils studied, infrastructure and software hosting nutrition data were not accessible, as within a department it was noted that only few can work with the information system. Limited accessibility to nutrition data could have been possibly contributed by the following; lack of single nutrition information system which can be accessed by all the departments and different stakeholders, training and capacitating staffs

on the system available. According to WHO (2021) it was seen that it is very important to consider the mentioned factors for easier accessibility the information as well as budgeting for nutrition information. At the sub-council level, it was reported that they lack of computer or laptops, internet services, nutrition knowledge and Nutrition officers which could have been the contributing factors to limited accessibility of nutrition data or nutrition information. The nutrition information was supposed to be discussed in the coordinating bodies based of the reporting mechanism Figure 2.

Nutrition coordinating bodies (Council Multisectoral Steering Committee on Nutrition and sub-council (Ward and Village/Mtaa Development Committee meetings), they are the ones responsible for data quality, dissemination and use. Although they have been not performing well due to different limitations. Thus, could result to the community members not have access to the nutrition data or information through the noticeboards in their respective areas or even in their normal meetings held in the community. As a result, making the citizens not being able to advocate for nutrition issues at their community and making sustainable plans, (UNICEF and WHO 2020). Limitation in discussing and sharing nutrition data or information hinder different government Officers and other nutrition stakeholders to plan for nutrition interventions accordingly, (IFPRI, 2014).

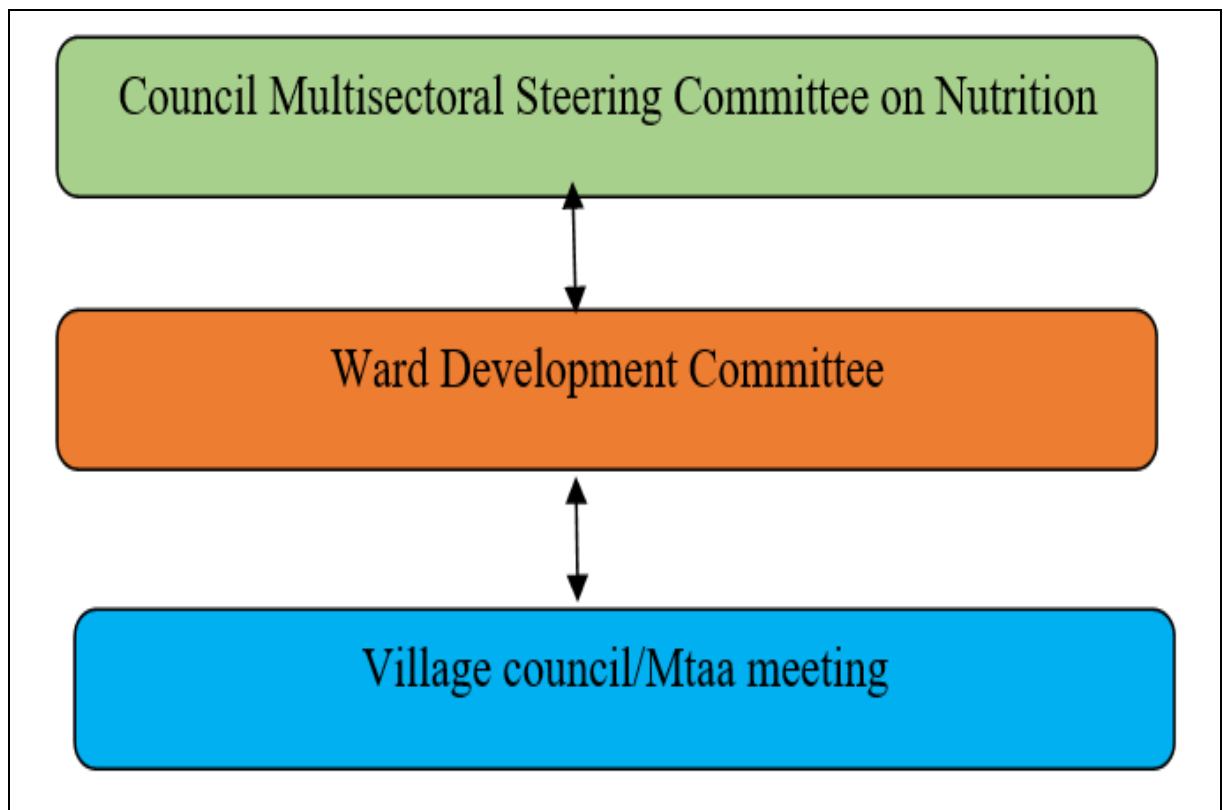


Figure 3.1: Nutrition reporting mechanism within the sub council levels

3.8.4 Challenges facing use of nutrition data and information at the sub-nation levels

The need of improving data generation, quality, and utilization to promote effective nutrition planning cannot be overstated (URT 2021). However, problems with nutrition data and information's highlighted in this study included lack of incentives to Community Health Workers (CHWs) in collecting and compiling data, standard data collecting tools, poor monitoring of nutrition data, not capturing some of the important nutrition indicators used in the national nutrition or other departments from which nutrition data are sourced or required.

On the other hand, it should be noted that the primary key nutrition data collectors are the CHWs, who have continued to work as volunteers with no payment, something that has become a concern. One Village Executive Officer remarked that,

“For now we are more worried on getting quality nutrition reports from the CHWs as USAID funded Lishe Endelevu Nutrition Project that was giving them monetary incentives is phasing out.”

According to Colvin *et al.* (2018) has emphasized the need for reliable financial package to support the work of the CHW for best performance. Lack of standard data collecting tool has also been reported to cause low quality of data thus hindering well informed policy planning (Bourgeault *et al.* 2019). As from the study, a lot of inconsistencies were observed in data collection, recording and storage such as plain papers, specially designed forms and counter books.

It was further noted that accessing funds to support the whole exercise, especially at the sub-council levels was a challenge. Another interviewed Ward Executive Officer said,

“I used my own money for producing the nutrition recording forms to give to the CHWs of which even no one to refund me.”

Through the quotation it gives a picture of lack of nutrition data and information budget at each of the levels. Another challenge was noted in the two councils is that although there is existence of web-based nutrition information system known as Integrated Management and Evaluation Systems (iMES), which is to produce the accountability tool the Nutrition Scorecard, which was pioneered by the Tanzania Food and Nutrition Centre (TFNC) with support of UNICEF, it only functioned for a very short time before replaced by the Nutrition Compact Scorecard. Although some indicators have been maintained, confusion has continued to a great extent (Bhagawati *et al.* 2021).

3.9 Limitation of the Study

This study was not able to include household members who are the ones malnourished or living with the malnourished individuals to have their opinions and understanding on the use of nutrition data or information in informing policy implementation.

3.10 Conclusion

The aim of this paper was to portray how nutrition information are collected, accessed and used in informing policy makers in planning at two local government councils of Morogoro Municipal (urban) and Morogoro Rural. Three key issues have emerged from the findings. First, there is a failure to capture some crucial nutrition indicators among the data collected at the council and sub -council levels whereby indicators such as stunting among children below five years and nutrition status of adults and adolescents are not focused. Secondly, for some reasons there is generally poor accessibility of the collected information among the stakeholders the potential of using nutrition information for informing policy and decision making. Lastly, nutrition data and information use have been faced with challenges. Therefore, it is recommended that President's Office-Region Administration Local Government (PO-RALG), Tanzania Food and Nutrition Centre (TFNC) and other nutrition stakeholders should focus on strengthening nutrition data and information at sub-council levels so as to improve accountability at various levels of governance structures. Moreover, further studies on nutrition information need to be undertaken to determine the most feasible ways of obtaining useful nutrition information informing policy making and nutrition services and interventions.

Declaration of interest

Authors have no conflicts of interest to declare.

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CHAPTER FOUR

4.0 GENERAL DISCUSSION

Generally, there has been a difference in the spending of nutrition budget and coordination of nutrition in the two councils studied. But there is similarity in the situation of data collection and nutrition information accessibility and its use for informing policy implementation. Nutrition budget spending from 2018/19 to 2020/21 showed that commitment of spending 1000 Tanzania shillings per child of below the age of five years has not been attained. In Morogoro District Council, spending of nutrition budget has been below half of the recommended amount. Poor prioritization in funding for nutrition interventions and low mobilization of funds could have possibly contributed to the situation. Nemer *et al.* (2020) and Ramadhani (2020) also reported that rural councils are likely to have low nutrition budget spending and therefore provision of subsidies should be thought. On the other hand, nutrition budget spending per child has been above the recommended amount in Morogoro Municipal Council (MMC). It was noted that MMC was having two major sources of funding for the nutrition budget namely the donor and own source revenue. However, the other council was having no donor support. However, donor funding is not reliable (te Lintelo *et al.*, 2020).

Coordination of nutrition through holding of meetings within the government structures at council and sub-council levels (based on the updated Terms of Reference developed in March, 2018) has shown some progress from 2018/19 to 2020/21. The extent of holding meetings was very low in the year 2018/19 possibly because nutrition committees were just being formulated. The CMSCN meetings were conducted as required and there was increased attendance of core members to at least half from 2018/19 to 2020/21. Also, the extent to which the standard nutrition agendas were followed was quite low in comparison to 2020/2021. It was noted that there have been no changes since 2018/19 to 2020/21 in terms of following the standard nutrition agendas at the councils. Incorporation of nutrition as an agenda in the development committee at sub-council level have started, but none of the studied entities have been able to reach 50%. The possible reason could be that much concentration in follow ups have focused at the council and national levels while there are so much challenges of poor knowledge and skills on nutrition at sub-council levels. The progress attained could have been contributed by the establishment of the Compact Agreement Contract at national to community level in order to improve accountability in the implementation of nutrition services. Also, the coming of USAID-funded nutrition project known as "Lishe Endelevu" since 2019 could have contributed to it because the project worked with nutrition coordinating bodies to build their capacity. The project also provided some financial incentives to the Community Health Workers and other key stakeholders.

Sources of nutrition information at the sub-council level are routine data and surveys. The routine nutrition data are collected from the Multisectoral nutrition departments, whereby the ones involved in collecting them are the Health Care Personnel (HCP), Community Health Workers (CHW) and Extension Officers. Unfortunately, the main collectors of the nutrition data have limitation in accessibility as well as use of nutrition data and information for informing policy and decision making. The nutrition survey data come from Tanzania National Nutrition Survey (TNNS) and Tanzania Demographic Health Survey (TDHS), which only cover national and regional levels only. Thus, for the council's nutrition data, the routine data collected are of importance in informing the policy and planning at the council level.

However, the current nutrition information systems they are being faced with some challenges including failure to capture data on some crucial nutrition indicators such as stunting of children below the age of five years, nutrition status of adults (both men and women) and the adolescents. Other challenges are recorded data not reflecting the actual nutrition situation, poor accessibility of the available data possibly due to the way the systems have been structured and lack of budget for the nutrition information and lack of incentives to CHW and standard tools for data collection at the sub-council levels. Also, it was noted that the Multisectoral Nutrition Score (MNS) card launched by TFNC in collaboration with UNICEF as an accountability tool has been replaced by the Compact Nutrition Score card which also has the same function. There is slight difference in the indicators used but the MNS was accessed easily and widely compared to Compact Nutrition score card which is produced from Integrated Monitoring and Evaluation System (iMES). A study by Bhagawati *et al.* (2021) also reported of the differences between the two score cards.

CHAPTER FIVE

5.0 GENERAL CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

The study was set to assess three issues involved with nutrition governance and nutrition accountability in the implementation of nutrition services. The issues assessed were nutrition budget, planning and spending based on 1000 Tanzanian Shillings (TZS) per every child aged below five years, coordination of nutrition through quarterly meetings held at councils and sub-council levels and finally nutrition data collected, accessibility and use of nutrition information in informing policy implementation. The study revealed that adherence to nutrition budget allocation based on the 1000 TZS per child of under the age of five years is less than half especially in Morogoro District council (rural) in comparison to Morogoro Municipal Council. Reasons for not adhering to the 1000 TZS budget allocation included poor revenue collections, lack of prioritization of nutrition budget and lack of understanding of the importance of nutrition by the council's departments (apart from the health). Furthermore, coordination of nutrition based on the updated terms of reference by PO-RALG for Nutrition Steering Committee of 2018, is not adhered. For example, nutrition agenda not fully discussed as recommended, and the core members are not attending all the meetings at the sub-council level, while none of studied wards and villages/mtaa reached 50% in inclusion of nutrition as a standing agenda in their quarterly development committee meetings.

Nutrition data have been generated from community and health facility by the Health Care Personnel, Community Health Workers and Extension Officers. However, it was found that the data collected failed to capture some crucial nutrition indicators such as stunting and breastfeeding at the council and sub-council levels. Also, there has been generally poor accessibility of the collected nutrition information among the stakeholders who have the potential of using nutrition information for informing policy and decision making. Furthermore, lack of capacity in collecting and processing of the nutrition data, contributed by low funding of the whole process is of major concern.

5.2 Recommendation

In view of the conclusions of this study, the following are recommended:

- i. President's Office-Region Administration Local Government (PO-RALG) should consider establishment of community nutrition focal person or nutrition cadres in order to strengthen nutrition governance at the community level.
- ii. The government through the Ministry of Finance and Planning should consider allocating the nutrition budget as percentage of all the collected revenue as practised for women and youth.
- iii. The government should think of providing nutrition budget subsidies, especially in rural councils, where revenues collected tend to be lower.
- iv. Coordination of nutrition at council and sub-council through the respective established procedures should be given priority by the council, region and President's Office-Region Administration Local Government (PO-RALG) so as to improve the nutrition services.
- v. PO-RALG, TFNC and other nutrition stakeholders should focus on strengthening nutrition data and information at sub-council levels so as to improve accountability at various levels of the governance structures.
- vi. The District Nutrition Officers (DNuOs) should conduct capacity building on nutrition issues to all members of the Ward and Village/Mtaa Development Committees to raise their necessary knowledge awareness and on nutrition planning.
- vii. Tanzania government should consider the WHO recommendation for payment of the Community Health Workers so as to improve their services at the community level.
- viii. Studies on nutrition information need to be undertaken to determine the most feasible and appropriate ways of obtaining useful nutrition information for informing policy making and nutrition services and interventions.

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APPENDICES

Appendix 1: List of respondents for interview at Councils level

Title	Total in number
Council Planning Officers	2
Council Treasurer	2
Council Nutrition Officer	2
Council Agriculture officer	2
Council Education Officer Secondary	2
Council Education Officer Primary	2
Council Fishery and Livestock Officer	2
Council Medical Officer in Charge	2
Council Community development Officer	2
Council Water Engineer	2
Total	20

Appendix 2: List of respondents for interview at Sub-council level

Place	Title	Number in total
Ward	Ward Executive Officer	8
	Ward Agriculture/Education Officer	8
	Ward Community Development Officers	8
	2 Committee members in the WDC	16
Total		40
Villages/Mtaa	Village/Mtaa Executive Officers	16
	Village/Mtaa Chairperson	16
	3 representatives of the committees	48
Total		80
Grand total		120

Appendix 3: Questionnaire for Council Multisectoral Steering Committee on Nutrition (CMSCN) members

Part 1: Question for the Council Officers (Nutrition, Planning and Finance)

1. What source of fund do you use for nutrition budget and why?
2. What efforts have you focused on to make sure that nutrition budget is planned and budgeted in all nutritional multisectoral?
3. From your experience what can you say about planning and budgeting for nutrition based on 1000 TSH regarding the number of under-five children in the council? (2018/2019, 2019/2020,2020/2021)
4. What are challenges faced in nutrition planning?
5. What is your recommendation on nutrition budget planning
6. Who do you think can give me more information about nutrition budget planning?

Part 2: Nutrition budget allocation and use

- I. How much of nutrition budget has been allocated and utilized based on the number of children below the age of five years? (2018/2019, 2019/2020,2020/2021)
- II. What are challenges faced in allocation and use of nutrition budget?
- III. What do you think should be done to improve the allocation and use of nutrition budget?

Part 3: Nutrition data and information

- I. How is nutrition routine data collected and processed in your council?
- II. What is the nutrition information system currently used and who has access with it?
- III. How is the nutrition information used at different levels within the council
- IV. How do the sub council levels get the nutrition information after they have collected the routine data?

Part 4: Extra questions for the Council Nutrition ,Planning and Finance Officers

1. Nutrition Budgeting planning and spending

- i. What can you tell about nutrition budget in your department from your work experience? (Probe on the planning process, source of fund, funds allocated for nutrition intervention, awareness of 1000 TZS nutrition budget for every under-five child).
- ii. What are the challenges of nutrition budget (planning/spending) at your department?
- iii. What are your recommendations on the nutrition budget?

2. Nutrition coordination

- i. How did you become a member of CMSCN?
- ii. How often do the CMSCN on Nutrition meet, and who usually cheers the meeting and why?
- iii. What can you say about Term of Reference for the steering committee for nutrition developed in 2018 by the Prime Minister's Office-Regional and Administrative Local Government Authority (PO-RALG)?
- iv. There are claims that the responsible persons (members) of council nutrition steering committee very often don't attend the meetings (send individual on their behalf). (Probe on the situation at their council and possible solution to improve their attendance in the meetings)
- v. What benefits do you see from the nutrition steering committee meetings?
- vi. What should be done to improve the steering committee meeting?

3. Nutrition data and information

- I. What are the nutrition data collected, and who collect them and how are they processed?
- II. Which nutrition information do you have at your department and how is it accessed?
- III. What are challenges faced in accessing the important information?
- IV. How do you use the nutrition information for decision making and planning for nutrition interventions?
- V. What is your recommendation on accessibility to the information?

4. Nutrition Score card and nutrition information system

- I. Are you aware of any nutrition score card? If yes which nutrition score, are you familiar with? (Probe on use of the score card information in decision making)
- II. How knowledgeable are you with the nutrition score cards
- III. Integrated Monitoring and Evaluation System is one of the system responsible for nutrition routine data how knowledgeable are you about this system
- IV. What is your opinion about the usefulness (importance) of the nutrition score cards and the iMES?

Appendix 4: Questionnaire for sub-council respondent**Nutrition information**

- I. What are the nutrition data collected, and who collect them and how are they processed?
- II. Which nutrition information do you have and how is it accessed?
- III. What are challenges faced in accessing the important information?
- IV. How do you use the nutrition information for decision making and planning for nutrition interventions?
- V. What is your recommendation on accessibility to the information?

Nutrition coordination

- I. How do you handle nutrition issues in your area (Probe on the availability of TOR, inclusion of nutrition as a standing agenda in their meeting, reasons for not including it into the agenda)
- II. Inclusion of nutrition as a standing agenda in quarterly meeting is among the indicator signed in the nutrition compact, how conversant are you aware it.
- III. What are challenges faced with inclusion of nutrition as a standing agenda in the committee.
- IV. What is the usefulness of making nutrition a standing agenda in your committee meetings
- V. What are your recommendations on improving on the agenda of nutrition at your meetings

Appendix 6: Questions for review of the minutes of WDC and VDC/MDC meetings

S/ N	Question	ANSWER											
		2018/2019				2019/2020				2020/2021			
		Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
	1. Availability of nutrition minutes for 3 consecutive years												
2	Number of meetings held												
3	Number of meetings with inclusion of nutrition as a standing agenda												

Appendix 7: Description of the study to research participants and consent form

My name is Kawishe from Morogoro Municipal Council currently I am a student at Sokoine University of Agriculture (SUA), I am going to give you information and inviting you to participate in this study. You are welcome to ask questions whenever you feel that you need clarifications. About this study is trying to understand the concept of nutrition governance and accountability in your area based on three aspects, nutrition budget, and coordination of nutrition and use of nutrition information in planning. In this research you will be asked questions based on the three aspects. The interview is voluntary; your participation in this study will take about 15 minutes to 30 minutes. Study population this study will involve 140 people in Morogoro Municipality Council and Morogoro District Council.

Benefits of participating in the study

There will be no direct benefits to you. The study will contribute to understanding on how the government structures at council and sub council level are practicing nutrition governance in ending all forms of malnutrition.

Privacy and confidentiality

Information that you give will be treated as confidential and no names will be included in the reports. During data collection, your information will be linked to your name, however once the data is collected it will be coded and the information will be kept without identity of names.

Who to contact?

If you have concerns or questions about this study, please contact the researcher (Kawishe Ester) through a phone number 0713 566 551 or the research supervisors (Prof. John Msuya) through mobile number 0754 386 746 and (Rd. Nyamizi Bundala) through mobile number 0767 694 854. Alternatively, you can contact us through the following address; Sokoine University of Agriculture, Department Human Nutrition and Consumer Sciences. PO. Box 3006, Morogoro.

Costs and compensation

You will bear no cost by choosing to participate in this study.

Consent form

Iathave been invited to participate in this research 1.

- 1. I declare that I have read/ have heard and understood the research objectives
- 2. Have asked all questions related to the research and I am satisfied with the answers
- 3. I understand that any information I will give to you will be treated and kept with required confidentiality
- 4. I understand that I am participating in this research voluntarily and that I can decide to answer or not answer some of the research questions, and that at any given time I can decide not to continue participating in this research.
- 5. I am ready to continue participating in further research and that if I am required to do so I will receive enough information, and any of my questions will be answered before I choose to participate.

The signature below means that I voluntarily agree to participate in this research study.

Signature

Appendix 8: Nutrition Compact Score card indicators

Compact indicators:

Indicator 1: Domestic Fund Spent by Council

Indicator 2: Vitamin A supplementation to Children aged 6-59 Months

Indicator 3: Iron and Folic Acid (FeFO) supplementation to pregnant Women

Indicator 4: Maternal Infant Young Children and Adolescent Nutrition Counseling Provided
at the Health Facilities

Indicator 5: Nutrition Education and Counseling to caregivers at Community level

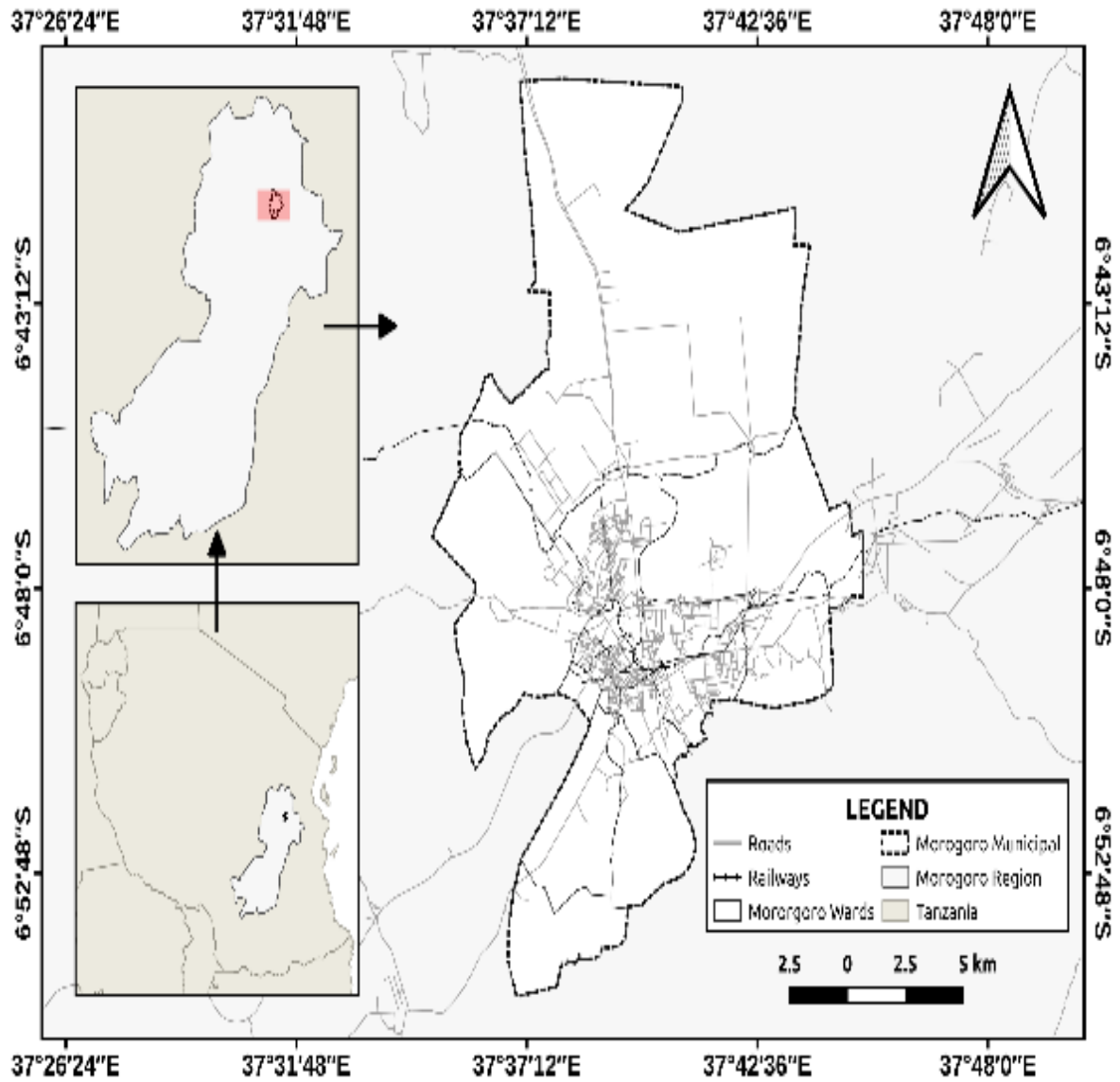
Indicator 6: Percent of Malnourished children identified and received treatment

Indicator 7: Completion rate of Multisectoral Nutrition Steering Committee Meetings

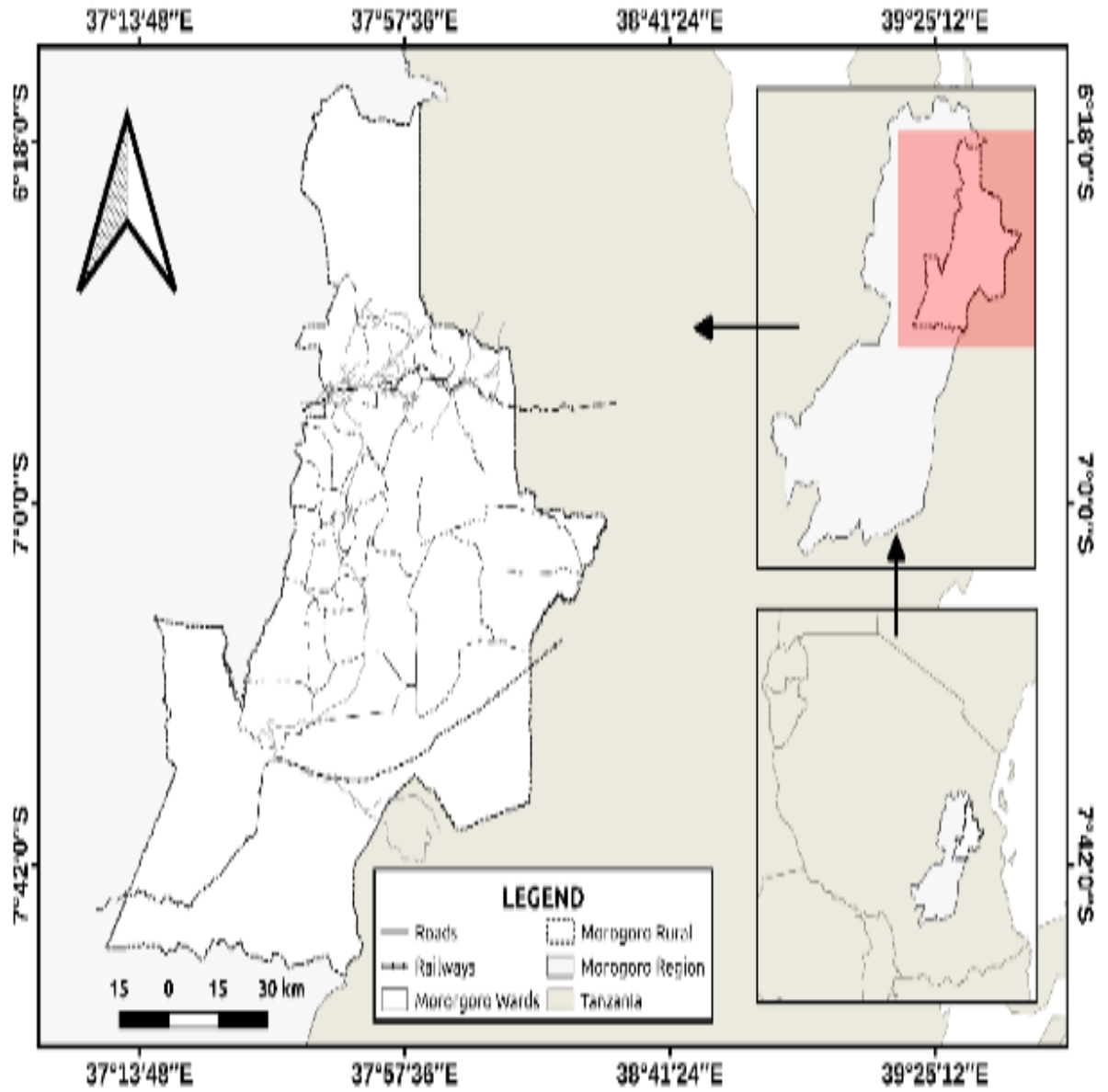
Indicator 8: Completion rate of Supportive Supervision Conducted

Indicator 9: Food inspection conducted in year 2019/20

Appendix 9: Map of Morogoro Municipal Council (MMC)



Appendix 10: Map of Morogoro District Council (MDC)



Appendix 11: University research approval



UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND
TECHNOLOGYSOKOINE UNIVERSITY OF AGRICULTURE
DIRECTORATE OF POSTGRADUATE STUDIES,
RESEARCH, TECHNOLOGY TRANSFER AND
CONSULTANCY

P.O Box 3151, CHUO KIKUU, MOROGORO, TANZANIA

Telephone: +255 23 264 0013, 023 264006-9 E-mail: drpgs@sua.ac.tz,Website: www.dprtc.sua.ac.tz

Our Ref: SUA/MHN/D/2020/0008/04

Date: 13th January, 2022Ms. Esther KAWISHE
Department of Human Nutrition and Consumer Sciences
SUA, MorogoroUfs: The Head
Department of Human Nutrition and Consumer Sciences
SUA, Morogoro

*Forwarded
Humbwa
14/01/2022*

Dear Ms. Kawishe,

RE: APPROVAL OF YOUR MSc. (HUMAN NUTRITION) RESEARCH PROPOSAL

Please refer to the above mentioned subject.

This is to inform you that, the Directorate of Postgraduate Studies, Research, Technology Transfer and Consultancy (DPRTC) has noted the approval made by the Board, College of Agriculture for your MSc research proposal. Therefore, you are hereby permitted to embark on data collection as per your approved research proposal.

In addition to the permission granted, please be notified that, you are required to present yourself at the office of the Deputy Vice Chancellor Academic (DVC-A), to kindly request for research clearance letter.

Wishing you all the best in your research work.

Yours sincerely,

P. L. Mresa


For: DIRECTOR

Director
Postgraduate studies, Research,
Technology Transfer and Consultancy
Sokoine University of Agriculture
P. O. Box 3151, Morogoro
TANZANIA

Cc: The Principal, College of Agriculture
The Chairperson, College Postgraduate Studies Committee
Supervisor: Prof. J. Msuya

Appendix 12: Research clearance permit


CLEARANCE PERMIT FOR CONDUCTING RESEARCH IN TANZANIA



UNITED REPUBLIC OF TANZANIA
 MINISTRY OF EDUCATION, SCIENCE AND
 TECHNOLOGY.

**SOKOINE UNIVERSITY OF AGRICULTURE
 OFFICE OF THE VICE-CHANCELLOR**

P.O. Box 3000, CHUO KIKUU, MOROGORO, TANZANIA.
 Phone: +255 (023) 264006/7/8/9, Direct Line: +255 (023) 2640015,
 E-mail: vc@sua.ac.tz, Website: <https://www.sua.ac.tz>



Please refer to:
Our Ref: SUA/ADM/R.1/8/820 **Date:** 19th January, 2022

The Regional Administrative Secretary,
 Morogoro Region,
 P.O. Box 650,
MOROGORO.

RE: UNIVERSITY STAFF, STUDENTS AND RESEARCHERS CLEARANCE

The Sokoine University of Agriculture was established by University Act No. 7 of 2005 and SUA Charter, 2007 which became operational on 1st January 2007 repealing Act No. 6 of 1984. One of the mission objectives of the University is to generate and apply knowledge through research. For this reason the staff and researchers undertake research activities from time to time.

2. To facilitate the research function, the Vice Chancellor of the Sokoine University of Agriculture (SUA) is empowered to issue research clearance to staff, students, research associate and researchers of SUA on behalf of the Tanzania Commission for Science and Technology.

3. The purpose of this letter is to introduce to you **Ms. Ester Clement Kawishe** a bonafide **MSc. (Human Nutrition)** student with Registration number **MHN/D/2020/0008** of SUA. By this letter **Ms. Ester Clement Kawishe** has been granted clearance to conduct research in the country. The title of the research in question is **"ASSESSMENT OF NUTRITION GOVERNANCE AND ACCOUNTABILITY IN IMPLEMENTING NUTRITION SERVICE IN MOROGORO URBAN AND RURAL DISTRICT COUNCILS"**.

Page 1 of 2

Appendix 13: Morogoro Regional Administration and Local Government Permit

THE UNITED REPUBLIC OF TANZANIA

PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

Telegraphic Address: "REGCOM"
Office,
Phones: 023 2604237/2604227



Regional Commissioner's

P.O. Box 650,
MOROGORO.

Fax No: 260 09 73
In Reply please quote:
Ref. No: AB.175/245/01 "I"/08

21st January, 2022

District Administrative Secretary,
MOROGORO.

RE: RESEARCH PERMIT

Please refer to the above mentioned subject.

I am introducing to you Ms Ester Clement Kawishe a student of Sokoine University of Agriculture at the moment she is required to conduct a research in our region which is titled "ASSESSMENT OF NUTRITION GOVERNANCE AND ACCOUNTABILITY IN IMPLEMENTING NUTRITION SERVICE IN MOROGORO URBAN AND RURAL DISTRICT COUNCILS".

The permit is valid from **February 2022**, to **July, 2022**.

Please provide her with necessary assistance to enable the accomplishment of her research.

Thank you for your cooperation.


Emmanuel P. Mazengo

For: **REGIONAL ADMINISTRATIVE SECRETARY**

Copy: Director, DPRTC,
Sokoine University of Agriculture,
P. O. Box 3000,
Morogoro.

Ms Ester Clement Kawishe- Researcher

Appendix 14: District Administrative Secretary Permit

**THE UNITED REPUBLIC OF TANZANIA
PRESIDENT OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT**

Telegraphic address: "ADMIN"
Telephone no.: 2614096
Fax No.: 2613848



District Commissioner Office,
P.O. Box. 681,
MOROGORO.

In reply please quote:
Ref: No. AB.210/249/01/68

24th January, 2022

Municipal Director,
P. O BOX 166,
MOROGORO.

District Executive Director,
P. O BOX 1880,
MOROGORO.

RE: RESEARCH PERMIT

Please refer to the above-mentioned subject.

2. I am introducing to you **Ms Ester Clement Kawishe** from Sokoine University of Agriculture, who is at the moment required to conduct a research in our District. The title of the research is ***Assessment of Nutrition Governance and Accountability in Implementing Nutrition Service in Morogoro Urban and Rural District Councils***
3. The permit is granted from February, 2022 to July, 2022.
4. Please provide necessary assistance to enable the accomplishment of the research.
5. Thank you for your cooperation.

J. J. Chatta
J. J. Chatta

**DISTRICT ADMINISTRATIVE SECRETARY
MOROGORO**



Copy: Ms. Ester Clement Kawishe
RESEARCHER

Appendix 15: Morogoro Municipal council research permit

JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

HALMASHAURI YA MANISPAA MOROGORO

Unapojibu tafadhali taja

Kumb. Na: R10/MMC – 24/156 **Tarehe: 01 Februari, 2022**

Watendaji wa Kata,
Kata ya Mindu, Sabasaba,
Bigwa na Mafisa,
S.L.P 166,
MOROGORO.

YAH: KIBALI CHA KUFANYA UTAFITI KUHUSU "ASSESSMENT OF NUTRITION GOVERNANCE AND ACCOUNTABILITY IN IMPLEMENTING NUTRITION SERVICE IN MOROGORO URBAN AND RURAL DISTRICT COUNCILS"

Husika na mada tajwa hapo juu.

Ofisi ya Mkurugenzi wa Manispaa ya Morogoro imepokea barua Kumb. Na. AB.210/249/01/68 ya tarehe 24 Januari, 2022 kutoka Ofisi ya Mkuu wa Mkoa Morogoro. Kibali kimetolewa kwa **Ester Clement Kawishe** kuhusu kufanya utafiti "**Assessment of Nutrition Governance and Accountability in Implementing Nutrition Service in Morogoro Urban and Rural District Councils**" kuanzia Februari, 2022 hadi Julai, 2022.

Kwa barua hii naomba mumpokee na kumpatia ushirikiano wa karibu ili aweze kukamilisha zoezi hili.

Nakutakia kazi njema.

Daniel Bayona
Katibu wa Afya
MOROGORO

**MEDICAL OFFICER OF HEALTH
MOROGORO MUNICIPAL COUNCIL**

MMOH – Halmashauri ya Manispaa Morogoro, S.L.LP 166 Morogoro, Simu/Nukushi Na. +255 023 2935242,
Tovuti: www.morogoro.go.tz, Barua Pepe: Info@morogoromc.go.tz

Appendix 16: Morogoro District Council research permit



JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA WILAYA YA MOROGORO



Unapojibu tafadhali taja

Kumb. Na. MDC/D.30/6/VOL.III/233

Tarehe: 11 Februari, 2022

Afisa Mtendaji Kata,
Kata ya Mkuyuni, Mvuha, Kinole na Mikese,
HALMASHAURI YA WILAYA YA MOROGORO

YAH: KIBALI CHA UTAFITI

Tafadhali husika na kichwa cha habari hapo juu.

2. Nakiri kupokea barua ya ndugu **ESTER CLEMENT KAWISHE** ni Mwanachuo kutoka Chuo Kikuu cha Kilimo cha Sokoine.
3. Mwanachuo huyo anaitaji kufanya utafiti katika Kata yako. Utafiti wake utahusu "**Assessment of Nutrition Governance and Accountability in Implementing Nutrition Service in Morogoro Urban Rural District Council**" anatarajia kufanya utafiti huo kuanzia Februari, 2022 hadi July, 2022..
4. Utafiti huo utafanyika kwa wajumbe 10 wa kamati ya lishe ya Wilaya.
5. Kwa barua hii mpokee na umpatie ushirikiano wa kutosha ili kufanikisha utafiti huo.
5. Nakutakia kazi njema.

 NY MKURUGENZI MTENDAJI WA WILAYA
HALMASHAURI YA WILAYA
MOROGORO

Nelson Malingo

KNY: MKURUGENZI MTENDAJI WILAYA

Nakala: Ester Clement Kawishe
Mwanachuo